

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	US040181
		First Named Inventor	DAGNACHEW BIRRU
COMPLETE IF KNOWN			
<input checked="" type="checkbox"/> Declaration Submitted With Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Application Number	/	
	Filing Date		
	Group Art Unit		
	Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR THE ALLOCATION OF UWB TRANSMISSION BASED ON SPECTRUM OPPORTUNITIES

the specification of which (Title of the invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) 04/08/2004 as United States Application Number or PCT International

Application Number **60/560442** and was amended on (MM/DD/YYYY) **01/01/2024** (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

[Page 1 of 3]

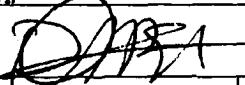
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	<input checked="" type="checkbox"/> Customer Number or Bar Code Label	"24737"	OR	<input checked="" type="checkbox"/> Correspondence address below
-------------------------------	--	---------	----	--

Philips Electronics North America Corporation				
Name				
P.O. BOX 3001				
Address				
BRIARCLIFF MANOR	NY	10510		
City	State	ZIP		
U.S.A.	(914) 945-6000		(914) 332-0615	
Country	Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name DAGNACHEW (first and middle [if any])		Family Name BIRRU or Surname		
Inventor's Signature			Date Nov 29, 2004	
YORKTOWN HEIGHTS	NY	USA	ET	Citizenship
Residence: City	State	Country		
2469 PINE GROVE COURT				
Mailing Address				
YORKTOWN HEIGHTS	NY	10598	USA	Citizenship
City	State	Zip	Country	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name STEFAN (first and middle [if any])		Family Name MANGOLD or Surname		
Inventor's Signature			Date Dec 03-2004	
OSSINING	NY	USA	DE	Citizenship
Residence: City	State	Country		
306 EAGLE BAY DRIVE				
Mailing Address				
OSSINING	NY	10562	USA	Citizenship
City	State	Zip	Country	
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

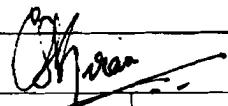
Please type a plus sign (+) inside this box →

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1
--------------------	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
KIRAN 		CHALLAPALI	
Inventor's Signature			
Residence: City	NEW CITY	State	NY
Country	USA	Citizenship	IN
Mailing Address	153 TRAILS END		
Mailing Address			
City	NY	ZIP	USA
NEW CITY			Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JAVIER 		DEL PRADO PAVON	
Inventor's Signature			
Residence: City	OSSINING	State	NY
Country	USA	Citizenship	ES
Mailing Address	111 SOUTH HIGHLAND AVENUE, APT. 7		
Mailing Address			
City	NY	Zip	USA
OSSINING		10562	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.